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For Instructions	, See Ba	ck of Form

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Reset Form

SCHEDULE A (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

Quane CM fadde for Statement Statement of the County

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADORESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	V IF FOI FUND RAISER
	ID#	Dala to 11			INCOM
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" Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the COMMITTEE. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). It surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ot (for Schedule A)